

**ALVIN J. SCHONFELD, D.O., F.C.C.P., P.C.**  
PULMONARY MEDICINE  
OCCUPATIONAL LUNG DISEASE

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May 2, 2007

Ferraro Law Firm, P.A.  
Attention: David A. Jagolinzer, Esq.  
4000 Ponce de Leon Blvd., Suite 700  
Miami, FL 33146

Re: Patient: John W. Delatte  
SSN: [REDACTED] 4797  
DOB: 03/12/38

CONSULTANT IN PULMONARY MEDICINE:

RUSH NORTH SHORE MEDICAL CENTER  
9600 GROSS POINTE ROAD  
SKOKIE, IL 60077

VAIL VALLY MEDICAL CENTER  
181 W. MEADOW DRIVE  
VAIL, CO 81657

Dear Mr. Jagolinzer:

Thank you for referring Mr. Delatte to me for an Independent Pulmonary Medical Consultation regarding dust inhalation-related disease.

My evaluation included a medical history, physical examination, occupational history and exposure history, pulmonary function testing, and interpretation of chest x-rays as well as reviewing any pertinent medical records which were available to me. The following is a report of my finding.

**INDEPENDENT PULMONARY MEDICAL EVALUATION**

Mr. Delatte is a 69-year-old male seen for an independent pulmonary medical evaluation and treatment regarding dust inhalation-related disease.

**EXPOSURE/OCCUPATIONAL HISTORY:** A detailed occupational history was obtained today. This included the principal places of employment as well as exposures to known airborne contaminants, pertinent parts of which are detailed below.

**RESPIRATORY SYMPTOMS:** Mr. Delatte has had dyspnea on exertion, cough and mucus production for eight to nine years. He denies a history of hemoptysis, asthma, bronchitis, emphysema or pneumonia.

**SMOKING HISTORY:** He never smoked.

(continued Page 2)

**DIPLOMATE - AMERICAN BOARDS OF INTERNAL MEDICINE AND PULMONARY DISEASE**  
**NIOSH B READER**  
**CERTIFIED, AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS**

**ALVIN J. SCHONFELD, D.O., F.C.C.P., P.C.**

**To: Ferraro Law Firm, P.A.**

**Re: John W. Delatte**

**Page 2**

**PAST MEDICAL HISTORY:** Positive for kidney stone, herniorrhaphy, coronary stent, knee replacement, hypercholesterolemia, and acid reflux disease.

**MEDICATIONS:** Zocor, Protonix and aspirin. He has also been on home oxygen for seven months. He was told at National Jewish Hospital in Denver that he has asbestosis and that is the reason for his oxygen requirement.

**MILITARY SERVICE:** His only exposure to asbestos occurred when he was in the U.S. Navy. He served in the Navy between 1955 and 1964. According to naval records which I reviewed, he served aboard the USS Bon Homme Richard CVA-31, the USS Franklin Delano Roosevelt CVA-42, the USS Beale DDE-471, the USS R. E. Kraus EDD-849, and the USS Stribling DD-867. He served about seven years in various engine rooms, regularly working with asbestos products and never wearing a mask or respirator.

After the Navy he served an additional seven years in the U.S. Air Force but does not think this exposed him to asbestos.

While in the Navy, he removed or applied asbestos to pumps, pipes and turbines. He removed and replaced packing. He worked in the vicinity of other trades who were performing similar activities.

**OCCUPATIONAL HISTORY:** Other jobs have been in the retail business and he does not think he had further exposures to asbestos.

**PHYSICAL EXAMINATION:** Physical examination revealed an alert and oriented male in no acute distress. Head and neck exam was unremarkable. Nasal oxygen was in place. Auscultation of the lungs revealed obvious bibasilar crackles heard in all lung fields. Cardiac exam revealed a regular rate and rhythm without murmurs. Abdomen was soft and without masses. Extremities showed no clubbing, cyanosis or edema.

**CHEST X-RAY:** PA chest x-ray dated 6/25/06 was read by Dr. Venizelos according to the 2000 ILO Classification and had an ILO score of s/t 2/2 bilaterally and bilateral calcified diaphragmatic plaque.

(continued Page 3)

**ALVIN J. SCHONFELD, D.O., F.C.C.P., P.C.**

To: Ferraro Law Firm, P.A.

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Page 3

**PULMONARY FUNCTION STUDIES:** Complete PFT's dated 5/2/07 were performed according to ATS guidelines and showed a moderate restrictive defect with severely impaired diffusion.

	<u>observed</u>	<u>% predicted</u>
FVC	2.32 L	53 %
FEV <sub>1</sub>	2.01 L	60 %
FEV <sub>1</sub> /FVC	87 %	
TLC	3.80 L	56 %
Diffusion capacity	14.99	48 %

**MEDICAL RECORDS REVIEW:** I had the opportunity to review the medical records from the National Jewish Medical & Research Center in Denver. These records are date October of 2006 and indicate the following: "Given Mr. Delatte's known asbestos exposure as well as evidence of asbestos-related lung disease on his CT with fibrosis and pleural plaques, we feel that his clinical course and radiographic findings are all consistent with asbestosis."

**IMPRESSION:** Given the patient's history of significant exposure to asbestos in the workplace associated with an appropriate latency, and given the roentgenographic, physical examination and pulmonary function findings described above, I feel with a reasonable degree of medical certainty that Mr. Delatte is diagnosed as having interstitial fibrosis caused by bilateral pulmonary asbestosis as well as bilateral asbestos-related pleural disease with pleural calcification. I feel with a reasonable degree of medical certainty that this diagnosis is causally related to his asbestos exposure in the military.

**RECOMMENDATIONS:**

- 1) He is at increased risk for the development of lung cancer, mesothelioma and other non-pulmonary malignancies associated with asbestos exposure.
- 2) He should be advised to have yearly chest x-rays, pulmonary function screening and screening for gastrointestinal malignancy.
- 3) He should be advised that chest x-rays and pulmonary function may deteriorate in the absence of further asbestos exposure.
- 4) He should be advised to refrain from the use of all tobacco-containing products.

I hope that the above information is useful to you.

Sincerely,

Alvin J. Schonfeld, D.O., FCCP, FAADEP